

Basic Skills Screening Tool

Name: _____

State ID: _____

- | | | | |
|---|-----|----|--|
| | Yes | No | Currently in high school (does not include GED or HSED programs) |
| 1. Do you have a high school diploma, General Education Development (GED) certificate, or High School Equivalency Diploma (HSED)? | | | |
| 2. Are you currently enrolled in an Adult Education or English as a Second Language program? | | | |
| 3. Can you follow basic written instructions with no help or little help? | | | |
| 4. Can you fill out basic medical forms and job applications? | | | |
| 5. Can you add, subtract, multiply, and divide with whole numbers up to 3 digits? (Example: 100 + 641) | | | |
| 6. Can you do basic tasks on a computer (examples: search for files, internet and email, word processing)? | | | |
| 7. Do you speak and read English well enough to get and keep a job? | | | |

Signature: _____

Date Signed: _____

For internal use only:

Was the individual able to complete this screening tool without help?

For the Adult Program only:

If any question is answered, "No," or the form could not be completed independently, the individual should receive priority.

Does the individual receive priority? _____

What level of priority? _____

For the Youth Program only:

If any question is answered, "No" or the form could not be completed independently, the individual has an eligibility barrier.

Does the individual have an eligibility barrier?

Name of Career Planner: _____

Signature: _____

Date Signed: _____